



CITY OF SANTA BARBARA

FINANCE DEPARTMENT
735 ANACAPA ST
SANTA BARBARA, CA 93101
805-564-5342

APPLICATION FOR UTILITY USERS TAX EXEMPTION AND COX CABLE DISCOUNT

APPLICANT INFORMATION

FIRST NAME	MI	LAST NAME	APT/UNIT/BLDG
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>		
STREET ADDRESS			APT/UNIT/BLDG
<input type="text"/>			<input type="text"/>
CITY	STATE	ZIP	PHONE NUMBER
SANTA BARBARA	CA	<input type="text"/>	805- <input type="text"/>

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

STREET ADDRESS (PO BOX)	APT/UNIT/BLDG	
<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

INCOME QUESTIONNAIRE

ENTER THE TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD

IF YOU LIVE IN A RESIDENTIAL CARE FACILITY, ONLY ENTER "1":

ENTER THE COMBINED ADJUSTED GROSS INCOME OF 2008 FOR ALL MEMBERS OF YOUR HOUSEHOLD INCLUDING YOURSELF.

IF YOU LIVE IN A RESIDENTIAL CARE FACILITY, ONLY ENTER YOUR OWN: \$

IF YOU ARE PERMANENTLY DISABLED AND RECEIVING SOCIAL SECURITY, AND/OR VA DISABILITY BENEFITS FOR THE

DISABILITY, ENTER THE COMBINED TOTAL MONTHLY BENEFIT AMOUNT: \$

YOU MUST INCLUDE A COPY OF THE AWARD LETTER WITH THIS APPLICATION.

UTILITY ACCOUNT INFORMATION

ENTER THE ACCOUNT NUMBERS OF THE UTILITIES FOR WHICH YOU ARE APPLYING FOR RELIEF. IF YOU ARE UNSURE OF YOUR ACCOUNT NUMBERS CONTACT YOUR UTILITY PROVIDER. THE ACCOUNTS LISTED MUST BE IN THE APPLICANT'S NAME. INCLUDE COPIES OF YOUR MOST RECENT UTILITY BILLS FOR WHICH YOU ARE APPLYING FOR RELIEF WITH THIS APPLICATION.

EDISON	SO CAL GAS
<input type="text"/>	<input type="text"/>
COX CABLE (CABLE TV AND/OR INTERNET)	CITY OF SANTA BARBARA (WATER, SEWER, AND TRASH)
001-3011- <input type="text"/>	<input type="text"/>

CONTINUED ON REVERSE

BEFORE YOU RETURN THIS APPLICATION

- MAKE SURE YOU HAVE FILLED OUT THIS APPLICATION COMPLETELY, INCLUDING YOUR SIGNATURE BELOW.
- INCLUDE COPIES OF YOUR MOST RECENT UTILITY BILLS FOR WHICH YOU ARE APPLYING FOR RELIEF WITH THIS APPLICATION.
- ONLY THOSE UTILITIES FOR WHICH YOU HAVE ENTERED AN ACCOUNT NUMBER AND PHONE NUMBER WILL BE CONSIDERED FOR RELIEF. IF YOU DO NOT KNOW YOUR ACCOUNT NUMBER, OR HAVE NEW SERVICE, CONTACT YOUR UTILITY PROVIDER AND ASK FOR THE ACCOUNT NUMBER.
- IF YOU INDICATED THAT YOU RECEIVE SOCIAL SECURITY DISABILITY AND/OR VA DISABILITY BENEFITS, **YOU MUST INCLUDE A COPY OF THE AWARD LETTER WITH THIS APPLICATION.** THE CORRESPONDENCE MUST INDICATE THE DOLLAR AMOUNT AND NAME OF RECIPIENT.

NOTE:

- ADJUSTED GROSS INCOME IS DEFINED AS THAT WHICH YOU REPORTED TO THE CALIFORNIA FRANCHISE TAX BOARD ON YOUR 2008 CALIFORNIA INCOME TAX RETURN.
- THE UTILITY USER'S TAX EXEMPTION AND/OR CABLE DISCOUNT, IF ANY, AUTOMATICALLY TERMINATE IF THERE IS A CHANGE OF ADDRESS OR DEATH OF THE APPLICANT.
- A NEW APPLICATION MUST BE SUBMITTED IF YOU MOVE TO A NEW ADDRESS.
- THE CITY OF SANTA BARBARA RESERVES THE RIGHT TO REQUIRE DOCUMENTATION OF ANY INFORMATION PROVIDED BEFORE OR AFTER THIS APPLICATION IS APPROVED.
- YOUR SIGNATURE BELOW AUTHORIZES THE STATE OF CALIFORNIA TO RELEASE YOUR INCOME TAX RECORDS TO THE CITY.
- YOUR SIGNATURE BELOW ALSO AUTHORIZES THE UNITED STATES FEDERAL GOVERNMENT AND ITS AGENCIES TO RELEASE FINANCIAL RECORDS PERTAINING TO, BUT NOT LIMITED TO, PROOF OF SSI/SSD QUALIFICATION AND VETERAN'S DISABILITY BENEFITS FOR PERMANENT DISABILITY.
- OTHER MEMBERS OF YOUR HOUSEHOLD MAY ALSO BE REQUIRED TO PROVIDE INCOME INFORMATION BEFORE OR AFTER THIS APPLICATION IS APPROVED.

SIGNATURE

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT.

SIGNATURE

//
DATE (MM/DD/YYYY)

MAILING AND CONTACT INFORMATION

RETURN THIS APPLICATION FORM AND ANY REQUIRED DOCUMENTS BY MAIL TO:

CITY OF SANTA BARBARA
ATTN: BILLING DEPARTMENT
PO BOX 1990
SANTA BARBARA, CA 93102-1990

OR YOU MAY RETURN THIS APPLICATION IN PERSON AT CITY HALL IN DE LA GUERRA PLAZA:

SANTA BARBARA CITY HALL
CASHIER'S OFFICE
735 ANACAPA ST
SANTA BARBARA, CA 93101

IF YOU NEED ASSISTANCE FILLING OUT THIS APPLICATION OR HAVE QUESTIONS REGARDING THE PROGRAM: 805-564-5342

FOR INFORMATION ABOUT THE LIFELINE TELEPHONE DISCOUNTS, CONTACT VERIZON: 1-800-794-4741

THIS APPLICATION IS ONLY VALID FOR RESIDENTS WHO LIVE INSIDE THE CITY LIMITS OF SANTA BARBARA. IF YOU LIVE OUTSIDE CITY LIMITS:

- CARPINTERIA RESIDENTS MAY CONTACT THE CITY ADMINISTRATOR'S OFFICE AT 805-684-5405
- GOLETA RESIDENTS MAY CONTACT THE CITY OF GOLETA AT 805-961-7500
- COUNTY RESIDENTS MAY CONTACT THE COUNTY TAX COLLECTOR'S OFFICE AT 805-568-2920.